

09/582451

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 582451	RECEIPT DATE:	06 / 26 / 00
IA NUMBER:	PCT/ US99 / 00315	IA FILING DATE:	01 / 07 / 99
FAMILY NAME:	DEISS	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	MICHAEL SCOTT	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	01 / 07 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	RCAS8853	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: JOSEPH S TRIPOLI

STREET: PO BOX 5312 2 INDEPENDENCE WAY

CITY: PRINCETON

STATE/COUNTRY: NJ ZIP: 085435312

EMAIL:

APPLICATION TITLES:

APPARATUS FOR PROVIDING A VIDEO LIP SYNC DELAY METHOD THEREFORE

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/582,451	FILING DATE 11/10/2000 RULE -	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. RCA88853
------------------------------------	---------------------------------------------------	---------------------	-------------------------------	--------------------------------------------

APPLICANTS

Michael Scott Deiss, Zionsville, IN ;
Mark Robert Anderson, Indianapolis, IN ;

**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/US99/00315 01/07/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 11/21/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING -	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met-after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

ADDRESS

Joseph S Tripoli
Thomson Multimedia Licensing Inc
PO Box 5312
Princeton ,NJ 08540

TITLE

Apparatus for providing a video lip sync delay and method therefore

FILING FEE RECEIVED 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit